

STATE OF NEW MEXICO  
COUNTY OF ROOSEVELT  
RESOLUTION NO. 2013-15

**A RESOLUTION ESTABLISHING ROOSEVELT COUNTY INDIGENT BURIAL/CREMATION POLICY.**

**WHEREAS**, the Roosevelt County Board of Commissioners finds that it is necessary to develop a burial/cremation policy for Roosevelt County Indigent to protect the health, welfare and safety of the citizens of Roosevelt County; and,

**WHEREAS**, the Roosevelt County Board of Commissioners recognizes that a guiding policy for the Roosevelt County Commission and Indigent Health Care (IHC) Administrator is to insure consistent burial/cremation procedure decisions for all Roosevelt County Residents; and,

**WHEREAS**, the policy handbook outlines the procedures for reimbursement, applying for, duty of funeral and IHC Administrator for burial/cremation of an unclaimed decedent or indigent decedent; and,

**WHEREAS**, the Roosevelt County Board of Commissioners desires to implement a policy that details those procedural standards and holds the governing body and IHC Administrator accountable to the policy.

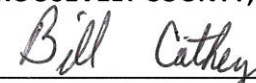
**NOW, THEREFORE BE IT RESOLVED BY THE GOVERNING BODY OF THE ROOSEVELT COUNTY COMMISSION, NEW MEXICO** that the policy handbook be **PASSED, ADOPTED, AND APPROVED** this 7<sup>th</sup> day of May, 2013 in open meeting.

ATTEST:

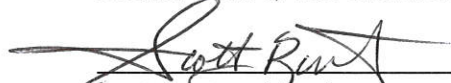
  
Donna Carpenter, County Clerk



BOARD OF COUNTY COMMISSIONERS  
ROOSEVELT COUNTY, NEW MEXICO

  
Bill Cathey, Chairman

  
Kendell Buzard, Vice-Chairman

  
Scott Burton, Member

  
Richard Leal, Member

Jake Lopez, Member





## Roosevelt County Indigent Burial/Cremation Policy

The Roosevelt County Board of County Commissioners has established a Burial/Cremation Fund in accordance with N.M.S.A. 1978 chapter 24, Article 13, for residents of Roosevelt County or if residence is not known, decedents found in Roosevelt County.

The fund will be administered by the IHC Administrator, acting on behalf of the Board of County Commissioners. The IHC Administrator will process all requests and approvals and authorize payments in accordance with this policy.

*Per NMSA 1978 24-13-1 "It is the duty of the Board of County Commissioners of each county in this state to cause to be decently interred or cremated the body of any unclaimed decedent or indigent person."*

Unclaimed Decedent is a dead person whose body has not been claimed by a friend, relative or other interested person assuming the responsibility for and expense of disposition."

Indigent Decedent is a dead person whose "...estate is insufficient to cover the cost of burial or cremation."

1. Reimbursement Policy:

Maximum of \$600.00 for Cremation/Burial

Maximum of \$600.00 for Opening/Closing of the grave

Expenses for burial or cremation provided by the funeral home in preparation of the deceased includes transportation, legal paperwork, embalming, casket, cemetery plot, crematorium costs, etc. and shall not exceed \$600.00

Expenses for opening/closing of grave shall not exceed \$600.00.

Before funding under this policy may be considered, all other types of funding sources must be applied to cover burial/cremation costs including but limited to funding from family members or friends, death benefits from Social Security, VA, insurance or the estate of the deceased.

All authorized payments from the Indigent Burial Cremation Fund shall be made directly to the funeral home.



\*\*Burial may not be an available option if the County is unable to obtain a funeral home or cemetery that can provide burial services within the available guideline.

2. Applying for Assistance

Assignments from OMI or the Hospital/County morgue for unclaimed decedents are eligible for funding under this policy.

The surviving spouse, parent, adult child or closest living relative or friend of an indigent decedent must submit an application for assistance directly to IHC Administrator and provide detailed information of the decedent's estate. The IHC Administrator determines eligibility for funding under this policy and notifies both the applicant and the funeral home.

It is the intent of the Roosevelt County Commissioners that a burial/cremation request that is received after the interment/disposition will not be honored.

Inasmuch as it is possible for the county to make its Indigent Burial/Cremation Program policy known to all potential clients of funeral homes, it is the responsibility and obligation of the funeral director to determine the need for financial assistance and to make referrals to the County when appropriate.

3. Duty of Funeral Directors

- a. Provide burial/cremation services for qualified decedents within statutory limits as defined in this policy.
- b. Notify the County of any payment or offer for payment from relatives or friends for the deceased made on behalf of an indigent or unclaimed decedent. If payment has already been made from the County, this amount shall be refunded to the County up to the amount paid by the County.

The funeral director or authorized representative shall be liable to the County for **double** the amount paid or to be paid for burial/cremation services on behalf of an indigent or unclaimed decedent should the funeral home/director fail to notify the County of any monies or thing of value received or contracts to receive from relatives or friends of the deceased.

- c. When the disposition of an unclaimed or indigent decedent is complete, the funeral director or representative authorized to act on

behalf of the funeral shall submit the following documentation before payment will be made from the Indigent Burial/Cremation Fund:

- Certification for Burial/Cremation
  1. Indicate date of burial/cremation
  2. Indicate location of burial including name of cemetery and plot number
- Two (2) Death Certificates
- Invoice for costs of burial/cremation and opening/closing of the grave.

d. Nothing shall prohibit the family from being notified as to the date and time of the burial, nor does it prevent the family from arranging some graveside service so long as the funeral director receives no compensation for the services.

4. Duty of the IHC Administrator acting on behalf of the Board of County Commissioners

- a. Make disposition arrangements upon receipt of assignment of an unclaimed decedent within 3 business days of notification from OMI or Hospital/County Morgue.
- b. Assist family members in applying for assistance for an indigent burial/cremation.
- c. Conduct an investigation of the estate of the deceased to verify that the estate is insufficient to cover the cost of the burial/cremation, to the extent allowed by the law.
- d. Authorize cremations of an unclaimed decedent when no surviving family member or legal next of kin has been identified or located or whose body has not been claimed by a friend, relative, or other interested person assuming the responsibility for and expense of disposition. Absent a showing of bad faith or malicious intent, the IHC Administrator and the establishment carrying out the burial/cremation shall be immune from liability related to the burial/cremation.
- e. Ensure that the body of an unclaimed decedent is buried or cremated no later than 30 days after the determination has been made that the body has not been claimed, but no less than two weeks after death.

- f. If the body is cremated, ensure that the cremains are retained no less than two years, and a record of the location of the cremations must be retained for not less than five years.
- g. Determine if adequate payment arrangements have been made to permit the release of the cremains to the decedent's next of kin.
- h. Arrange for disposition of cremains held by the County for more than two years.

**ROOSEVELT COUNTY INDIGENT  
BURIAL/CREMATION FUND**

109 West 1<sup>st</sup>  
Room B-5  
Portales, NM 88130  
(575) 359-0179

**Assignment of Death Benefits**

State of New Mexico )  
                                  ) SS  
County of Roosevelt )

I, \_\_\_\_\_, being first sworn under oath state:

1. I am \_\_\_\_\_.
2. I am the Next of Kin of \_\_\_\_\_.
3. I agree, as the Next of Kin, that I am responsible to reimburse Roosevelt County the amount of \$ \_\_\_\_\_ for the cost of burial/cremation.
4. If there is **Social Security Death Benefits, Veterans payments or Death Benefits, or Life Insurance** available, I hereby assign such payments to Roosevelt County up to the amount paid by the county for the cost of burial/cremation. In the amount of \$ \_\_\_\_\_.
5. I acknowledge, as the Next of Kin, that there is a claim on the decedent's estate for reimbursement up to the amount paid by the county for the cost of cremation/burial.

\_\_\_\_\_  
**Signature of Recipient**

Subscribed and Sworn to before me by

\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Notary Public**

My Commission expires: \_\_\_\_\_

**ROOSEVELT COUNTY INDIGENT BURIAL/CREMATION APPLICATION**

PLEASE PRINT IN INK OR TYPE

**1. DECEDENT INFORMATION**

**DATE OF DEATH:** \_\_\_\_\_

**NAME: LAST** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **SEX: M F** **MARITAL STATUS: S M D W**

**HOME PHONE ( )** \_\_\_\_\_ **CELL PHONE: ( )** \_\_\_\_\_

HAS THE DECEDENT EVER APPLIED FOR OR RECEIVED ASSISTANCE FROM THE ROOSEVELT COUNTY INDIGENT HEALTH CARE PROGRAM?  
 YES  NO

**2. RESIDENCY**

HAS THE DECEDENT LIVED IN ROOSEVELT COUNTY FOR AT LEAST NINETY (90) DAYS PRIOR TO DEATH? YES  NO   
 IF YES, PROOF OF RESIDENCY MUST BE SUBMITTED WITH THIS APPLICATION  
 IF NO, THE DECEDENT IS NOT ELIGIBLE FOR ASSISTANCE FROM THE ROOSEVELT COUNTY INDIGENT PROGRAM

**3. OTHER HOUSEHOLD MEMBERS**

LIST ALL HOUSEHOLD MEMBERS (USE A SEPARATE SHEET OF PAPER IF NECESSARY)

FULL NAME	DOB	SSN	RELATIONSHIP TO DECEDENT	EMPLOYER

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: \_\_\_\_\_  
 PLEASE ATTACH A SEPARATE SHEET TO REPORT ADDITIONAL HOUSEHOLD MEMBERS

**4. OTHER INSURANCE AND LIABILITY**

DOES THE DECEDENT HAVE LIFE INSURANCE? YES  NO   
 IF YES, NAME OF INS CO: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

WAS THE CAUSE OF DEATH THE RESULT OF AN ACCIDENT? YES  NO   
 IF YES, WHERE DID ACCIDENT OCCUR? HOME/WORK/AUTO PLEASE EXPLAIN FULLY ON SEPARATE SHEET

ARE ANY LIABILITY CLAIMS OR LEGAL ACTIONS PENDING AS A RESULT OF ACCIDENT? YES  NO   
 IF YES, EXPLAIN FULLY ON A SEPARATE SHEET

**5. PUBLIC ASSISTANCE/ASSET/INCOME**

**A. PUBLIC ASSISTANCE**

DID THE DECEDENT RECEIVE ANY OF THE FOLLOWING TYPES OF PUBLIC ASSISTANCE IN ROOSEVELT COUNTY? YES  NO   
 FOOD STAMPS  
 TANF \$ \_\_\_\_\_ \$ \_\_\_\_\_ PUBLIC HOUSING \$ \_\_\_\_\_ TRIBAL FA \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_  
 IF YES, PROOF OF PUBLIC ASSISTANCE MUST BE SUBMITTED WITH THIS APPLICATION

**B. ASSETS/RESOURCES**

PROOF OF ASSETS MUST BE SUBMITTED WITH THIS APPLICATION

SOURCE	YES/NO	VALUE
BURIAL POLICY	Y <input type="checkbox"/> N <input type="checkbox"/>	
VETERAN'S BENEFITS	Y <input type="checkbox"/> N <input type="checkbox"/>	
SOCIAL SECURITY DEATH BENEFIT	Y <input type="checkbox"/> N <input type="checkbox"/>	
CASH ON HAND	Y <input type="checkbox"/> N <input type="checkbox"/>	
CHECKING ACCOUNT	Y <input type="checkbox"/> N <input type="checkbox"/>	

OTHER ASSETS	YES/NO	VALUE
OWN HOME	Y <input type="checkbox"/> N <input type="checkbox"/>	
LIENHOLDER		
IF MORE THAN ONE HOME, LIST ON SEPARATE SHEET		
VEHICLE		VALUE
MAKE/MODEL/YEAR:		

SAVINGS ACCOUNT	Y <input type="checkbox"/> N <input type="checkbox"/>						
INVESTMENTS/STOCKS/BONDS	Y <input type="checkbox"/> N <input type="checkbox"/>						
TRUST FUNDS	Y <input type="checkbox"/> N <input type="checkbox"/>						
IRA/401K (PLEASE SPECIFY)	Y <input type="checkbox"/> N <input type="checkbox"/>						
CERTIFICATES OF DEPOSIT	Y <input type="checkbox"/> N <input type="checkbox"/>	3 MONTH	6 MONTH	1 YEAR	5 YEAR	10 YEAR	OTHER (SPECIFY)

VEHICLE	VALUE
MAKE/MODEL/YEAR:	

DOES THE DECEDENT HAVE AN ESTATE TO BE PROBATED? YES  NO  VALUE: \_\_\_\_\_

**C. INCOME**

DID THE DECEDENT OR MEMBER RESPONSIBLE FOR DECEDENT FILE A FEDERAL AND/OR STATE INCOME TAX RETURN LAST YEAR?  
 YES  NO

IF YES, A COPY OF THE RETURN(S) MUST BE SUBMITTED WITH THIS APPLICATION

LAST SOURCE OF INCOME	YES/NO	YEAR-TO-DATE AMOUNT
WAGES, SALARIES, TIPS	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____
PENSIONS AND ANNUITIES	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____
UNEMPLOYMENT COMPENSATION	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____
SOCIAL SECURITY	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____

EMPLOYER: \_\_\_\_\_

PLEASE SUBMIT VERIFICATION OF INCOME, SUCH AS LAST PAY STUB OR SOCIAL SECURITY STATEMENT, ETC.

**6. OUTSTANDING MEDICAL DEBT**

IS ASSISTANCE FROM ROOSEVELT COUNTY INDIGENT PROGRAM REQUESTED FOR OUTSTANDING MEDICAL DEBT? YES  NO

DOES THE DECEDENT HAVE PRIVATE MEDICAL INSURANCE OR MEDICARE? YES  NO

NAME OF COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**7. KNOWN RELATIVES OF THE DECEASED: (USE A SEPARATE SHEET OF PAPER IF NECESSARY)**

SPOUSE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 MOTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 FATHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CHILDREN:  
 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

OTHER:  
 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_



8. APPLICANT FOR THE DECEDENT

NAME: LAST		FIRST:	MI:	
MAILING ADDRESS:		CITY:	STATE:	ZIP:
PHYSICAL ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE ( )	WORK ( )	CELL ( )		
RELATIONSHIP TO THE DECEDANT:				

STATE OF NEW MEXICO )  
 ) SS  
 COUNTY OF ROOSEVELT)

I, \_\_\_\_\_, having been duly sworn upon oath, depose and state as follows:  
 I understand that all information given by me in this application is subject to investigation and I authorize the Roosevelt County Indigent Health Care Program Board, or its agents, to make any inquiry of any person, firm, association, or corporation to furnish any information relating to this application and/or verification statement without liability whatsoever.

I have read this application in its entirety and know and understand the contents therein. Under penalties of perjury, I declare to the undersigned entity that the information stated in the application is true and correct to the best of my knowledge.

\_\_\_\_\_ (Initial)

I also agree as Next of Kin or Legal Representative if there is **Social Security Death Benefits, Veterans payments or Death Benefits or Life Insurance** available, I hereby assign such payments to Roosevelt County up to the amount paid by the County for the cost of burial or cremation.

\_\_\_\_\_ (Initial)

I acknowledge, as the Next of Kin or Legal Representative, that there is a claim on the decedent's estate for reimbursement up to the amount paid by the county for the cost of cremation or burial.

\_\_\_\_\_ (Initial)

I agree, as the Next of Kin or Legal Representative, that I am responsible to reimburse Roosevelt County the amount of \$ \_\_\_\_\_ if I wish to claim the decedent's cremains two years from the date of death.

\_\_\_\_\_ (Initial)

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
 SIGNATURE OF APPLICANT



SUBSCRIBED TO AND SWORN TO BEFORE ME BY \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_  
(SEAL)



*act*